

Personal Information contained on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process your request. Questions about this collection should be directed to the City Clerk.

## Please complete all the sections in this application.

Applicant Information						
Last Name	F	irst Name				
		tl.o.				
Company/Organization Name	1	tle				
Address (Street/Apt. No. / P.O. I	Box No /R R No )	City or Town Pr	ovince Postal Code			
Tolophono Number	Altornata Talanhana Numba	r Email	Address			
Telephone Number	Alternate Telephone Numbe		Address			
Event Information						
Location of Event (Enter the	e full address or legal description	of the area where the exen	nption is required.)			
Sound/Vibration Source Description (Provide a description of the sound or vibration in respect to the exemption being						
sought. Please provide the applicat						
Noise/Vibration Plan						
You are required to attach a	a plan showing:					
<ul> <li>the location of amplification equipment and speakers;</li> </ul>						
<ul> <li>the methods employed to prevent sound from unnecessarily escaping from the event/premises; and</li> </ul>						
<ul> <li>the location from which the sound levels will be measured, if applicable.</li> </ul>						
Applications will not be	processed without rea	aint of this complex	ad form a naise/vibration pla			
	-		ted form, a noise/vibration pla			
least 60 days prior to the			Clerk online, by mail or email			
		sought.				
Method of Payment and S	•		Simeture			
Method of Payment (\$255 fee)	)	Date (yyyy/mm/dd)	Signature			
Cheque Cash/Debit (in person only)						

Municipal Use Only						
Date Form Received	Date Fee Received	Council Date	Comments			